

## **72<sup>nd</sup> World Health Assembly Side Event:** **Community and civil society engagement for the Global Action Plan on Health and Well-being for All**

**Monday May 20, 3:30-5:15**  
**Geneva Press Club, Geneva Switzerland**

Event Report

### **Discussion: Summary messages**

- The GAP is primarily a commitment among global health organizations with diverse roles and mandates to work better together to support countries, reduce duplication and enhance collective efficiency and impact.
- The 12 GAP signatories are committed to community and civil society engagement across the GAP process, including its development, implementation and evaluation.
- The Sustainable Financing Accelerator is moving partners from ad hoc to increasingly systematic collaboration in supporting countries in their financing priorities. Building on what is already happening in countries, economic cases for health investments are being developed to maximize allocative efficiencies and value for money in each context, and identify the support countries want and need from global partners. Civil society, especially at country level, has a strong role to play in holding governments to account for budget transparency, efficiency and allocation toward primary health care and equitable access to quality care.
- The Innovative and Access Accelerator embraces a broad definition of innovation, taking a balanced approach to pushing for greater innovation and clearing the path for existing, proven innovation to reach more people, faster. The Accelerator provides a platform to map current national health plans against the breadth of the SDG agenda and identify opportunities where innovation can fill gaps, and to mobilize multistakeholder partnerships around bringing innovation to scale. National civil society can contribute research expertise, including operational research to scaling innovations as well as ensuring national policies and strategies are evidence-based.

### **About the event**

Community and civil society stakeholders, together with multilateral and government representatives, gathered on the sidelines of the 72nd World Health Assembly to discuss how non-state actors can drive implementation and evaluation of the Global Action Plan for Healthy Lives and Well-being for All (GAP). The GAP is a joint initiative of 12 global health and development agencies committed to advancing collective action and accelerating progress towards the health-related Sustainable Development Goals (SDGs).

Co-sponsored by the Global Health Council, United Nations Foundation and Women Deliver – in partnership with ACON, the Civil Society Engagement Mechanism for UHC2030, IntraHealth International, Frontline Health Workers Coalition, International Pediatric Association, International Planned Parenthood Federation, International Youth Alliance for Family Planning, Management Sciences for Health, PATH, Public Health International Consulting Center, Save the Children, and White Ribbon Alliance – the consultation aimed to explore potential roles for communities and civil society in the execution and evaluation of the GAP, from its launch in September 2019 to the 2030 milestone. The consultation was held amidst a number of GAP-focused events, including a high-level Technical Briefing (20 May) and a full day of interactive presentations on the GAP (22 May).

The event focused on two of seven Accelerators of the GAP: Sustainable Financing and R&D, Innovation and Access. A preceding consultation in New York (30 April) introduced many stakeholders to the GAP and generated discussion and input on the development of three Accelerators, Community and Civil Society Engagement, Determinants of Health and Primary Health Care.

To enable participation around the world, the consultation was livestreamed. A recording can be found [here](#).

### **About the Global Action Plan for Healthy Lives and Well-being for All**

The GAP was borne of the recognition that the world is off track to achieve the ambitious targets of the 2030 Agenda for Sustainable Development. Though significant progress has been made, it has been uneven and too many people are still being left behind.

In this context, the GAP aims to build upon, harmonize and strengthen the collective action of its signatories to provide better and more coherent support to countries. Coordinated by the World Health Organization, the GAP will entail a clear implementation roadmap and accountability mechanism that puts country impact at the center while acknowledging and actively supporting the contributions of non-state actors. The 12 signatories to the GAP include Gavi, the Global Financing Facility, the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS, UNDP, UNFPA, UNICEF, Unitaid, UN Women, the World Food Programme, WHO and the World Bank.

Accelerators are being developed to guide multi-stakeholder engagement and concrete, country-relevant action at global, regional and country level. As a starting point, discussion frames were developed for each of the seven accelerators, which explore opportunities and bottlenecks to closer coordination and initial frameworks for joint action.

The full Global Action Plan will be presented at the UN General Assembly in September 2019, marking the transition into the implementation phase.

### **OPENING SESSION**

**Loyce Pace**, President and Executive Director of Global Health Council, opened the event. She recognized that while the GAP may not stand out as an official WHA agenda item, it remained a clear priority for many delegates and stakeholders, who were eager to understand more about

what the GAP is, why it matters and how to engage. The number of events dedicated to the GAP during the WHA week was a clear reflection of the high level of interest.

Ms Pace presented the consultation as one in a series of discussions. She voiced the concern that multistakeholder discussion on the GAP, particularly with communities and civil society, to date has been limited and urged communication and consultation to be enhanced.

**Peter Singer**, speaking on behalf of WHO and the GAP Secretariat, expressed his appreciation to participants for their continued engagement and support of the process. He further shared that:

- WHO, along with the other 11 GAP signatories, is dedicated to broad and meaningful consultation on the GAP, recognizing that impact would rely on multistakeholder, multisectoral action on health.
- Stakeholders were invited to use Twitter as a key channel of communication and an inclusive and transparent alternative to formal consultations. Comments should be submitted to @PeterASinger.
- While called the Global Action Plan, the real value of the GAP lies in driving more coordinated action in countries, aligned to country priorities, to accelerate results in improving healthy lives and well-being for all.

Dr. Singer informed participants there would be a public discussion in June that would invite input from external stakeholders on the draft global action plan to be presented in September.

## **PANEL 1: GLOBAL ACTION PLAN & SUSTAINABLE FINANCING**

### *Moderator:*

Loyce Pace, Executive Director, Global Health Council

### *Panelists:*

- Seth Berkeley, CEO, Gavi, the Vaccine Alliance
- Marijke Wijnroks, Chief of Staff, Global Fund to Fight AIDS, Malaria and Tuberculosis
- Joy Phumaphi, Executive Secretary, Africa Leaders Malaria Alliance
- Maria-Jose Pires Machai, Patient Advocate, Mozambique

Ms Pace opened the panel by inviting Dr Seth Berkeley to introduce the vision, aims and actions of the Sustainable Financing Accelerator of the GAP.

**Dr. Berkeley** began by explaining that the much of the work of the Accelerator predates the concept of the GAP. Individually, most of the GAP signatories were exploring the development of transition plans – ex. where Gavi's plan differed from PEPFAR's which differed from that of the Global Fund. The primary question thus arose as to how to plan intelligently across organizations and initiatives, further prompting questions of how to support countries to strengthen domestic public management of funds, maximize allocative efficiencies and reduce inefficiencies. Through this work, which formed the backbone of the subsequent GAP Sustainable Financing Accelerator, the World Bank, Gavi, the Global Fund and GFF are agreeing on a shared narrative to bring to countries and enhancing results-based collaboration to increase efficiencies and ultimately health outcomes.

**“The GAP has provided a political opportunity to drive momentum and intensity – moving organizations from ad hoc to much more systematic collaboration on our common priorities.”**

Marijke Wijnroks, Global Fund to Fight AIDS, Tuberculosis and Malaria

**Dr Wijnroks** set the clear parameters of the Global Action Plan, reminding participants that its scope was not to establish a new world order in global health. Rather, the GAP was primarily a commitment of organizations with different roles and mandates to work better together to support countries, to reduce duplication and enhance collective efficiency and impact. Impact at the country level, she underscored, is what matters most: understanding what countries need, what challenges they face, and how global organizations can work better together to support them.

The Sustainable Financing Accelerator in particular has enabled GAP partners to develop a common narrative with countries in how they mobilize and allocate resources – rather than competing for individual slices of funding. Such a common narrative is essential to assure development partners that global health resources are being allocated rationally and efficiently. A common narrative also provides the opportunity to account for elements that are key to a functioning health system – such as community health workers – but their cross-cutting nature relies on the inputs of a range of diverse partners.

**Ms Phumaphi** brought the discussion back to people, reminding the room that this work must be about improving the well-being of people and communities. She highlighted the value of ‘community scorecards’ which equipped communities with the means to assess impact and demand accountability of health and community programmes, including on budget efficiency and allocation. She urged the 12 signatories to ensure services were integrated, recognizing that it was the same child who required immunization, PMTCT services and bed nets to prevent malaria. Similarly, community health workers were fragmented across different disease areas and needed to be better equipped and supported to provide integrated services.

She raised an equally pervasive challenge of how to end out of pocket payments through effective insurance schemes. No African country has an effective health insurance scheme. She looked to the global health funds to apply their expertise and support countries in putting sustainable programmes in place.

**“Nothing about us without us. Originally a rallying cry of the AIDS response, we need to remember that this is a basic principle that must be applied across all health issues.”**

Joy Phumaphi, Africa Leaders Malaria Alliance

**Dr Machai**, speaking from both the patient and provider perspective, shared the real challenges for people to access treatment and services at health facilities far from their homes, support their families while they are sick, and ensure job protections during illness and recovery. She also raised concerns that the programmes for which she worked relied on external funds. Inadequate support from domestic sources posed major risks to programme sustainability if international funds were to end. She urged stronger coordination between ministries, including health and labor.

The moderator then opened the floor to questions for the panelists. Questions included:

- How can community monitoring and participation be built into the accountability mechanism of the sustainable financing accelerator? How can we ensure rigorous and transparent evaluation of whether and what the accelerator delivers?
- What is the UN doing about mental health? What investment strategy is being developed for mental health?
- Too little attention is dedicated to primary health care workers, including middle level clinicians in local settings, beyond community health workers. How can we promote a more nuanced and precise appreciation of the chain of healthcare workers?

In response to questions from the floor, Dr Berkeley recognized that resources for CSOs were primarily dedicated to supporting their roles in advocacy and service delivery, whereas no dedicated funds were available to support them in their watchdog role. This is a challenge that Gavi is trying to address, in part looking to the Global Fund which has more established practices in this area. He also acknowledged WHO's role in developing a new global strategy for mental health.

Dr Wijnroks reiterated the role of the GAP to enhance efficiency and coordination. Simple solutions were within reach to make organizations' collective support more effective, such as establishing an agreed methodology for fiscal space calculations to produce a single outcome, reduce duplication and reduce the burden on countries.

As a closing note, Loyce Pace reiterated the commitment she heard from the GAP agencies to engage communities and civil society, particularly in their role in holding actors at the national and global level accountable for delivering on the GAP.

## **PANEL 2: ADVANCING INNOVATION AND ACCESS THROUGH THE GLOBAL ACTION PLAN**

### *Moderator*

Kate Dodson, Vice President for Global Health, United Nations Foundation

### *Panelists*

- Jyotsna Roy, Patient Champion, NADA India Foundation
- Rosemary Mburu, Executive Director, WACI Health
- Ed Whiting, Director of Strategy, Wellcome Trust

**Ms Dodson** introduced the Accelerator on Innovation and Access. She urged panelists and participants to expand their definition of innovation to include not just the latest tech advancements, but also tools such as budget transparency and participatory accountability mechanisms.

The first panelist, **Ms Roy**, spoke of understanding and overcoming bottlenecks and challenges in access from the perspective of both a patient and a practitioner. She began by recognizing that health is not simply a medical issue, but socially and culturally embedded with major

economic implications. She emphasized the significant impact of gender on health – an element that had not yet featured centrally enough in GAP discussions.

**“Health is a hugely gendered question, which we have not talked about nearly enough. I urge the GAP and all of its accelerators to adequately account for the impact of gender on health.**

Jyotsna Roy, Patient Champion, NADA India Foundation

**Rosemary Mburu** asserted that impact will depend on whether evidence generated from research is used to inform policy making, priority setting and financing allocation in countries – today, this is rarely the case. Civil society plays a number of critical roles in closing this gap between evidence and policy. These include:

- 1) Priority setting – very few countries have established research agendas. Civil society must be at the table in establishing these agendas to ensure that they are relevant to the real needs and interests of communities.
- 2) Equity – reaching the furthest behind first – understanding who these communities are and how to reach them with innovation – is only possible in collaboration with communities. History has shown us that real breakthroughs in scale up and health impact have relied on investing in communities, such as ARV rollout.
- 3) Demand – Research has traditionally been considered the domain of scientists. Civil society organizations play a clear role in generating demand among communities to push for engagement in setting and implementing national research agendas.

Ms Mburu urged GAP signatories to allow civil societies to review and feedback on the draft GAP before it was presented in September to Member States. Civil society must also be engaged in the GAP’s implementation and monitoring of progress from the start.

Speaking on behalf of the Wellcome Trust, which is co-facilitating the Accelerator, **Mr Whiting** spoke of a number of ideas emerging through initial discussions around the accelerator. Using the national health plan as a starting point, one idea is to undertake a gap analysis of the plan in light of the SDGs, and explore how innovation can span that gap. Next, by forming partnerships with government and other country stakeholders at the outset in establishing and implementing a research agenda, ownership can be shared and scale up and sustainability facilitated.

Comments and questions were then welcomed from the floor. They included:

- What accountability measures are in place to combat corruption and misuse of funds? How can civil society be more closely involved in those measures?
- We have the grand commitments of the SDGs – but when you return to your countries, what it is that you hear from national counterparts about what countries specifically need to drive innovation?
- There appear to be more and more GAP Accelerators. Is there a risk of fragmenting the innovation agenda? Or is it positive to have more accelerators?
- Not enough has been said today about youth and the role they play in innovation. What are some of the ways your organizations are working to open space and strengthen capacity of young people’s participation and leadership in countries?

- Engagement with decision-makers in global spaces is much easier than at country level. Often there are no formal spaces for civil society engagement with country policy-makers. Shrinking civic space is a major obstacle today.

Among the panelists' responses, Ms Mburu emphasized the critical need to enhance public demand for innovation, at the same level of intensity as demand for more basic services and support. She also remarked that a large range of effective innovations were already available – but that funding and prioritization remained major obstacles to scaling up those innovations to reach the people who needed them. She called for an increase in domestic and international funding for R&D, innovation and access.

**“There is rightly more scrutiny of global health organizations around the world. We are working on how to be as open as possible and invite our fiercest critics to engage in conversation about what can be done better. This Accelerator is part of that conversation about how to boost transparency, strengthen accountability and shift decision-making to countries.”**

Ed Whiting, Wellcome Trust

### **Additional information and resources**

Speaker biosketches: [https://globalhealth.org/wp-content/uploads/2019/05/WHA72\\_CSOs4GAPEvent\\_Bios.pdf](https://globalhealth.org/wp-content/uploads/2019/05/WHA72_CSOs4GAPEvent_Bios.pdf)

Event recording: <http://pressclub.ch/community-and-civil-society-engagement-for-the-global-action-plan-on-sdg3/>

WHA Technical Briefing on the Global Action Plan, 20 May 2019: <https://www.youtube.com/watch?v=SHknMdrj2O4&feature=youtu.be>

Global Action Plan Phase 1 and Accelerator framing documents: <https://www.who.int/sdg/global-action-plan>

Recommendations of the 2018 WHO-Civil Society Task Team to strengthen engagement to improve health: <https://civilsociety4health.org/>